Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TC	OTAL CLAIMS	,	75		(OOIL	11111 2)	Ļ	RATE FEE		OR 7		
FOR			AUMARER	AU MARER EU ER		NUMBER EXTRA		BASIC FEE	 	-	RATE	FEE
			20	NUMBER FILED		NUMBER EXTRA		JASIC FEE	-	OR	BASIC FEE	740.00
 	OTAL CHARGEA		7 > mir	フラ minus 20=		* 15		X\$ 9=	135	OR	X\$18=	
⊢–	DEPENDENT CL			inus 3 =	<u> </u>			X42=	_	OR	X84=	
<u> </u>		NDENT CLAIM PR						+140=		OR	+280=	
* If	the difference	e in column 1 is	less than ze	∍ro, enter	r "0" in c	olumn 2	TOTAL	FES	OR	TOTAL		
	С		MENDED	MENDED - PART II					_	•	OTHER	
Г		(Column 1)		(Colum		(Column 3)	(Column 3) SMAL		ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- O' AINA	=		X42=		OR	X84=	
	FIRST PRESE	ENTATION OF MU	JLI IPLE DEF	,FUDEM !	CLAIM			+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	~~~ O)	(Column 3)	AE	ODIT. FEE		Un ,	ADDIT. FEE	
L ^m		CLAIMS		HIGH	IEST			T	ADDI-	ı [ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	-:3.4	=		X42=		OR	X84=	
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEP	'ENDEN I	CLAIM			+140=			+280=	
							L	TOTAL		OR	TOTAL	
		(Calumn 1)		(Colur	· O\	(O-1: 0)	AD	ODIT. FEE L		OR ,	ADDIT. FEE	
\Box		(Column 1) CLAIMS		(Colur HIGH	IEST	(Column 3)	_		1001			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-	\vdash	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR		
* !	If the entry in colu		Ŀ	+140=		OR	+280=					
**	If the "Highest Nur	ımn 1 is less than th ımber Previously Pa ımber Previously Pa	aid For" IN THIS	S SPACE is	is less thar	n 20, enter "20."	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					founc	d in the app	ropriate box	k in col	umn 1.	ļ